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BRIGHT'S  
MEDICAL CASES.  
—  
PLATES  
VOL. I.



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Richard Bright M.D.

Fig. 1.



Fig. 2.



DE  
SANTÉ  
PARIS

Drawn by F.E. Say

Engraved by W. Wood

London, Published Jan<sup>y</sup> 1847 by Longman, Rees, Orme & Brown

PLATE I.

KIDNEY IN DROPSY.

FIG. 1. External view of one of the kidneys of KING (page 5), from half of which the tunic is removed, showing an advanced stage of that granulated condition of the organ which was in this case connected with the secretion of albuminous urine.—Anasarca and hydrothorax accompanied this disease.

FIG. 2. A longitudinal section of the same kidney, showing the most advanced stage of the granular change (page 9).

Plate 2



Fig. 1.



Fig. 2.

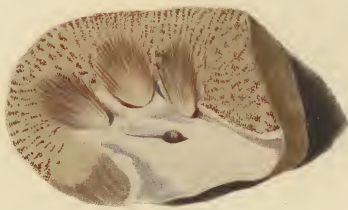


Fig. 3.



Fig. 4.



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Engraved by W. Say  
J. Neill sculp



PLATE II.

KIDNEY IN DROPSY.

FIG. 1. External appearance of one of the kidneys of SALLAWAY (page 12, 67, 75, &c.). Part of the tunic is removed, to show more plainly the tuberculated and motley appearance of the surface. The secretion of this kidney was albuminous, and general dropsical effusion was a prominent symptom.

FIG. 2. A longitudinal section of the same kidney, showing its internal texture greatly altered: the general colour yellow,—the lighter parts were more opaque than the rest, while the coloured broken lines, proceeding in a direction perpendicular to the external surface, corresponded nearly with the more vascular parts of the structure.

FIG. 3. A portion of a longitudinal section of one of the same kidneys, which had been injected with fine red size by the arteries, showing a large portion of the kidney nearly impermeable.

FIG. 4. A portion of one of the kidneys of CADMORE (page 14, 111, 112, 115) in a state of degeneration after long suffering from chronic disease. The state of the urine was not particularly ascertained, and no material dropsical effusion had taken place.

Plate 3

Fig. 1



Fig. 2

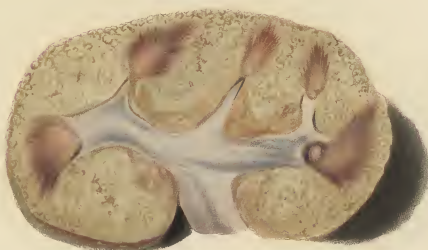


Fig. 3



Fig. 4



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g. Scammon sculp.

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PLATE III.

KIDNEY IN DROPSY.

FIG. 1. External view of one of the kidneys of STEWART (page 20, 75, &c.), from part of which the tunic is removed, showing a hard contracted and granulated state of the kidney, which was connected with the secretion of albuminous urine, and was accompanied by repeated and obstinate anasarca, and by effusion into the cavities.

FIG. 2. A longitudinal section of the other kidney in the same case, showing the hard and granulated texture of the whole cortical part, and the striking manner in which the tubular portions are drawn towards the surface of the kidney (page 68).

FIG. 3. A longitudinal section of part of the kidney of PEACOCK (p. 14, 68, 69). The whole cortical part soft and of a pale colour, and interspersed with numerous small yellowish opake specks. The urine was albuminous, and extensive dropsical effusion attended the disease.

FIG. 4. A longitudinal section of part of the kidney of THOMAS (p. 16, 69, 75, &c.) soft, pale, and granulated; secreting albuminous urine, and attended with obstinate anasarca.



Plate 4

Fig. 1



Fig. 2



Fig. 3

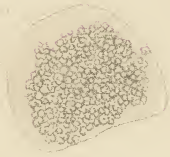


Fig. 4

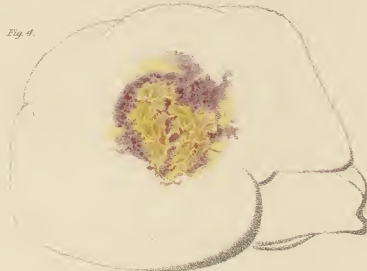


Fig. 5

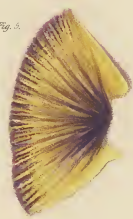


Fig. 6

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PLATE IV.

KIDNEY IN DROPSY.

FIG. 1. The external appearance of the kidney of IZOD (page 26), which was nearly white and rather lobulated. The character of the urine was not ascertained, but the most confirmed anasarca attended the disease.

FIG. 2. A longitudinal section of the same kidney, showing that the white colour pervaded the whole cortical part, which however exhibited distinctly its radiated structure. The tubular part was of a light colour.

FIG. 3. A small part of the surface of the same kidney after it had been macerated for a few days, showing the granulated appearance, which was before not seen, and is not found in the healthy kidney.

FIG. 4. A part of the surface of the other kidney, in the same case, after the arteries had been injected with red, and the veins with yellow size. The same appearance extended over the whole (page 27).

FIG. 5. A section of a portion of the same injected kidney.



Fig. 1.



Fig. 2.



Fig. 3.



Drawn by F.E. Say.



Engraved by W. Say.

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PLATE V.

KIDNEY IN DROPSY.

FIG. 1. Longitudinal section of the kidney of EVANS (page 33), unusually large, and of a deep chocolate colour from being gorged with blood. —This was a recent case of sudden anasarca with hæmaturia and slightly albuminous urine.

FIG. 2. The external appearance of the same kidney, a part of which is denuded of its tunic. Intermixed with the black points are many white specks, like grains of sand, seen on the dark chocolate ground.

FIG. 3. A small portion of the surface of the same kidney after it had been macerated for a few days,—this being selected as the part where the white points were most numerous (page 68).



Plate 6.

Fig. 1.



Drawn by J. S. P.



Engraved by W. Ag.

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PLATE VI.

LIVER IN DROPSY.

Both these Figures represent parts of the liver of HOLBEACH (page 95, 106) hardened and changed throughout its whole texture,—an alteration having apparently taken place both in the parenchyma or cellular tissue, and in the secreting structure. Dropsical effusion had accompanied this diseased state of the organ. The power of secretion was in some degree preserved, so that the gall-bladder was moderately filled with yellow bile.

FIG. 1. Part of the right lobe covered with opake adventitious membrane:—*a*, the convex surface: *b*, the acute margin, thickened and rigid: *c*, the gall-bladder: *d*, the cut surface.

FIG. 2. Part of the same lobe, to show the internal structure. Here the substance of the liver is seen to be composed of two textures; the one cutting evenly, almost without any traces of peculiar structure,—the other, in small rounded masses like enlarged or congregated acini; and both are intersected by bands of thickened cellular membrane. Some of the large vessels are also seen divided transversely.



Fig. 1.

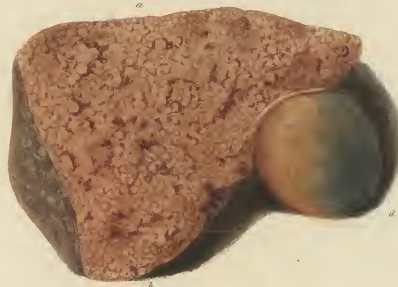


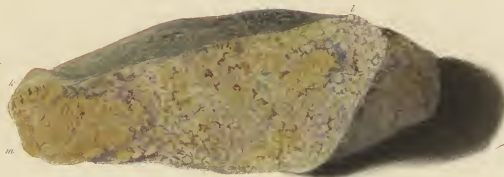
Fig. 2.



Fig. 3.



Fig. 4.



Drawn by F.E. May

Engraved by W. Linn.  
J. Mortimer Stone

London, Published Jan 21 1882, by Longman, Nees, Orme & Brown.

PLATE VI\*.

LIVER IN DROPSY.

FIG. 1. A portion of the right lobe of the liver of TAYLOR (page 90), who died with dropsical effusion. This liver had undergone a very peculiar change, the lighter parts being composed of a substance bearing considerable analogy to Cholesterine (page 106, and 108).

*a—b*, a portion of the convex surface of the liver covered with its transparent peritoneum: *b*, the acute margin of the liver: *c*, the cut surface: *d*, the fundus of the gall-bladder, thickened and projecting.

FIG. 2. A portion of the right lobe of the liver of MACDONALL (p. 93), who died with dropsical effusion into the abdomen. The liver was large, hard and tuberculous, and had undergone change both in the acini and the connecting cellular tissue (p. 106).

*e—f*, a portion of the convex surface of the right lobe near the acute margin: *g*, the cut surface.

FIG. 3. A portion of the right lobe of the liver of A. B. (page 117), nearly the whole of which was converted into fat (page 114.). In this case no dropsical effusion had taken place previous to death. The bile secreted was very imperfect.

*h—i*, a portion of the convex surface covered with its peritoneum. The other surfaces show sections of the substance.

FIG. 4. A portion of the liver of WHEELWRIGHT (p. 105), who died with dropsical effusion preceded by icterus. The whole structure was changed into small rounded masses varying somewhat in colour. The secretion in the gall-bladder contained but little bile, and was chiefly an albuminous fluid (p. 113).

*k—l*, a portion of the convex surface covered with its peritoneum: *l—m*, the cut surface: *k—m*, the acute margin thickened by the disease.





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Engraved by W. Say.

London: Published Jan. 1 1847, by Longman, Rees, Orme & Brown.

## PLATE VII.

### GANGRENE OF THE LUNG.

This plate represents the whole of the left lung of J. W. (p. 137). It was taken from the preparation suspended in spirit, and now preserved in the Museum of Guy's Hospital.

*a*, the superior lobe covered with a thick layer of fibrin: *b*, the inferior lobe, a section having been made by which a superficial slice is removed, in order to show the internal line of separation between the gangrene and the surrounding part; and it is seen by the evenness and solidity of the cut surface, that a considerable part of the lobe, as far as *g*, is consolidated by the infiltration of fibrin; while the uneven edge of the section on the opposite side shows the flaccid and unresisting character of that part which is affected with gangrene. The gangrene on the lower part extends from *c* to *e*, except a small portion rendered solid by fibrin at *d*: from *e* to *f* is again a part of the consolidated lung; but from *f* to *g* the whole is gangrenous, communicating underneath with the gangrenous portion through which the section has been made; and the external line of separation is well marked with a slight blush of red along its superior margin.

Fig. 1.

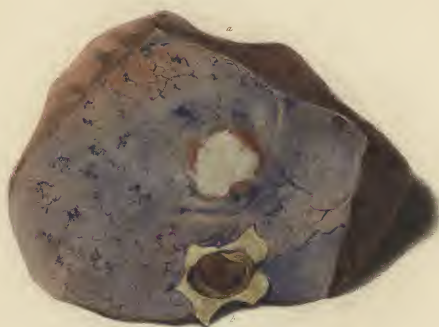
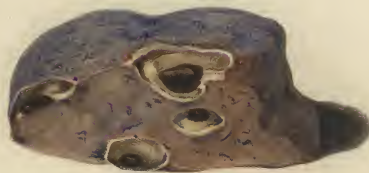


Fig. 2.



Drawn by E.A. Say

Engraved by W. Say

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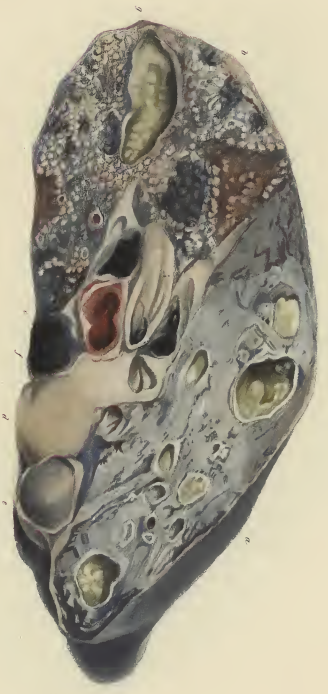
## PLATE VIII.

### ABSCESSSES IN THE LUNG.

FIG. 1. A part of the superior lobe of the left lung in the case of HASSLE (page 145), showing (opposite to *a*) the external appearance of one of the suppurating cavities, covered only by pleura surrounded by an inflamed margin. And another abscess exactly similar is seen below (*b*), where a crucial incision having been made, and the pleura covering the abscess being turned back, the interior of the cavity is brought to view: it contained brownish puriform matter, which has partly escaped; and a central slough, which is seen attached to the bottom. The cut surfaces around the sides of the lung show the organ somewhat infiltrated, and they had become darker by exposure to the atmosphere.

FIG. 2. A section of the same portion of lung directly through the cavities *a* and *b*, which has exposed two more cavities exactly similar in structure, situated deeper in the lung. The section of *a* shows very plainly the attachment of the dark central mass by a peduncle to the parietes of the cavity; the attachment existed in all, and was so firm as not to be broken down by moderate pressure. The pus has in part escaped from all the abscesses.

Fig.



Small  
Squid  
Squid

Section of the brain of a  
Squid, showing the internal structure of the brain.

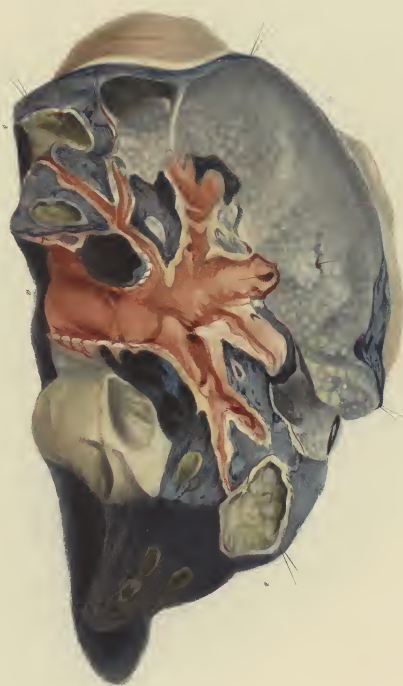
Prepared by Dr. J. H. H.

PLATE IX.

THE LUNG IN PHTHISIS PULMONALIS.

This Plate represents the upper third of the left lung of PHALIN (page 152), divided by an horizontal section. *a*, is a part of the upper lobe; *b*, a part of the lower. The large vessel coloured red (opposite to *c*) is one of the bronchi soon after the bifurcation: *d* and *e* are irregular sections of the pulmonary vessels: the dark mass opposite to *f*, as well as two others a little higher up, are sections of the bronchial glands. The upper lobe *a*, is completely consolidated by semi-transparent gray tubercular infiltration; and besides the orifices of divided vessels and the orifices of bronchi, which are of a red colour, four or five small abscesses of different sizes are exposed. The lower lobe, which is marked by the letters *b*, *g*, and *c*, is thickly pervaded by miliary tubercles mingled with gray tubercular consolidation; so that the two small parts only, which are of a dusky red colour from exposure to the atmosphere, will suffer air to enter: these parts are spongy to the feel, but likewise studded with minute tubercles. In two or three different parts,—as opposite to *b*,—masses of the semi-transparent infiltration have become more solid and of a darker colour than the rest, and in process of time would have become insulated masses, by the suppuration of the small tubercles surrounding them. Opposite to *g* is seen a suppurating cavity, which from its shape appears to have been formed by the coalescing of two smaller cavities, each originating either in the simple suppuration of miliary tubercles, or in the sloughing out of masses such as the one represented opposite to *b*.





THE  
ANATOMICAL  
MUSEUM  
OF  
THE  
CITY OF  
NEW YORK

Drawn by J. H. Bigg

Engraved by J. H. Bigg

Engraved by J. H. Bigg

## PLATE X.

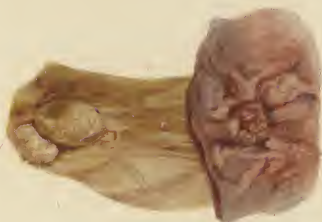
### THE LUNG IN PHTHISIS PULMONALIS.

Another view of the same portion of lung which is represented in Plate IX., an incision having been made through the large bronchial tube, so as to show its connection with several abscesses in the superior lobe of the lung. The divided part is open, and held back by threads so placed that were the lung restored to its natural position, the two superior threads would be nearly in contact, and likewise the two inferior. By this means a very instructive illustration has been obtained of the mode in which the suppurating cavities discharge themselves through the bronchial tubes. Opposite to *c*, is part of a large cavity lined with a semi-cartilaginous membrane almost tubercular in its texture, but flocculent on its surface. This is in one place only traversed by a band of condensed tubercular matter, and a bristle is introduced to show the mouth of the bronchus by which the pus had formed an egress. The lower point of the bristle also projects from an orifice in the same bronchus, which before the incision was made formed a second orifice in the suppurating cavity: *b, b*, show the divided parts of another suppurating cavity, which was cut through and drawn asunder by the threads. This had discharged itself less perfectly through the bronchial tube than the larger cavity at *c*; but it appeared in this, even more strongly than in the other, that the lining membrane of the bronchus was continued round a considerable part of the suppurating cavity. This fact became more marked by exposure to the air; for although the mucous lining of the bronchus was from the first highly injected, yet it became much more red by the action of the atmosphere, and the membrane surrounding the cavities suffered the same change.

Fig. 1.



Fig. 2.



Drawn by J.R. Day



Engraved by W. Day

London, Published April 17th 1857 by Longman, Han, Oates & Brown.



PLATE XI.

ULCERATION OF THE COLON AND SMALL INTESTINES IN PHTHISIS PULMONALIS.

FIG. 1. Represents a part of the colon and the caput cæcum coli in the case of PHALIN (page 152), laid open to expose the mucous membrane, which is extensively destroyed by ulceration. The ulcers are in various stages of progress, but none appear very active; some have ulcerated surfaces, not larger than the heads of pins, on the summit of a raised and rather hardened white base; almost all of the ulcers are surrounded by a thickened border. In some parts, particularly near to the valve of the ilium, the deposit of opake white matter appears to have been a process previous to ulceration: *b*, is part of the mesocolon with the glands enlarged: *c*, is a part of the ilium not cut open.

FIG. 2. An ulcer about the middle of the ilium *c*, which has eaten away some of the valvulæ conniventes, so as to produce a puckered appearance (page 115): *d*, the glands of the mesentery, enlarged and speckled with a yellow deposit: *e*, portion of mesentery on which some small white bodies are seen, which are interrupted masses of chyle in the lacteal vessels going from the internal surface of the intestine towards the mesenteric glands (page 150).

Fig. 1.



Fig. 2



*Fig. 3.*



*Drawn by F.R. Say.*



Approved by W. Say,  
9. Montague Street.

*London, Published Jan'y 1887, by Longman, Rees, Orme & Brown.*

PLATE XII.

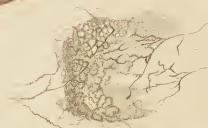
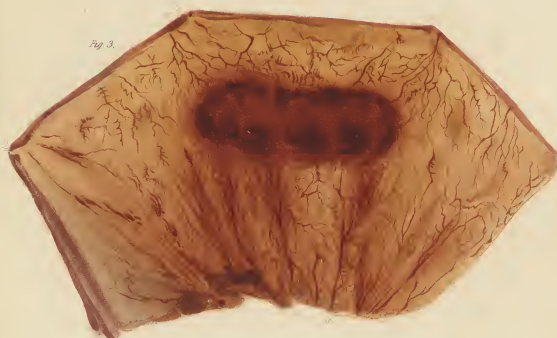
ULCERATION OF THE CÆCUM, COLON AND ILIUM, IN PHTHISIS PULMONALIS.

FIG. 1. Represents the cæcum and the processus vermiformis (Case LV.). *a, a*, are the two corresponding points of the vermiform process, which has been cut open longitudinally in the direction *a, c*, showing the remarkable thickness which it has acquired, and the ulceration which it has undergone. *d*, is the orifice of the iliac valve, much contracted by the ulceration and thickening of the surrounding parts. One large ulcer is seen to occupy nearly the whole cæcum, while another, opposite to *c*, is situated more completely in the ascending colon. Part of the mucous membrane, as at *d* and *c*, still remains entire, but is vascular and unhealthy. It is to be observed that the ulcers are irregular in form, bearing a sluggish character, and that their surface has an uneven tubercular appearance.

FIG. 2. Represents a portion of the small intestines (Case LXI.) laid open to display an ulcer. The whole mucous membrane is rendered gray by numerous dark points of carbonaceous matter; and the ulcer is seen with its edges puckered and thickened into tubercles, where it divides the valvule conniventes: *k, l*, represent mesenteric glands much enlarged; and at *h*, two branches of the lacteals filled with chyle are seen crossing the mesentery; they appear to unite, but again divide and enter the gland *k* separately.

FIG. 3. A portion of the colon (Case LXI.) showing some of the oval ulcers *m, m, m*, with edges somewhat elevated, running transversely to the intestine on each side of the longitudinal band *n, n*.





*Designed by W. Say  
at Mortimer Street*

PLATE XIII.

INCIPIENT ULCERATION OF THE SMALL INTESTINES IN FEVER.

FIG. 1. Represents a mass of the glandulæ aggregatæ (Case LXX.), as they were found in the small intestines about the ninth day of fever, considerably enlarged with inflammation around them, and vessels are seen coming from the mesentery on both sides.

FIG. 2. A portion of the ilium (Case LXXIII.), not far from its termination in the cæcum, as it appeared when cut open about the eighteenth day of fever. The whole membrane is inflamed. The glandulæ solitariae are enlarged, and the membrane covering them is very vascular. The glandulæ aggregatæ are seen opposite to *a, a*, forming brown masses, from which the mucous membrane, although stained by the bile, is not removed. In the larger mass, however, several fissures are formed, and the process of ulceration is advancing. The mesenteric glands opposite to *b, b*, have been somewhat dissected out, to show them more plainly in their enlarged and vascular state.

FIG. 3. Represents a portion of the same intestine suspended, to be seen transparently, and it shows very beautifully the vessels running towards the mass of inflamed glands from the two sides *c, c*, and *d, d*, both of which were cut from the mesentery. The colour is precisely that which it presented at the time by transmitted light: it must however be borne in mind, that vascular membranes when exposed even for a short time to the air acquire an additional redness.

FIG. 4. Represents the peritoneum on the back of one of the masses of glands in the same case. The peculiar distribution of the vessels is there very faithfully shown.

Plate 14



Drawn by J.R. Say.



Engraved by W. Say,  
of Mortimer Street.

London, Published Jan<sup>y</sup> 1857 by Longman, Rees, Orme & Brown.



PLATE XIV.

THE ADVANCED STAGE OF ULCERATION OF THE SMALL INTESTINES IN FEVER.

A part of the lower portion of the ilium (Case LXXV.), as it was found about the 17th day of fever. The whole surface much inflamed, but more particularly near to the masses of *glandulæ aggregatæ*. These are seen forming large irregular ulcers, *c, c, c, c*, with elevated edges, and filled with sloughs on the point of being cast off. At the same time the solitary glands are seen opposite to *a, a*, and *b, b*, in different stages of progress; some put on nearly the appearance of pustules, while others have become small ulcers. The mesenteric glands at *d* are enlarged, and exceedingly vascular.

Fig. 4.



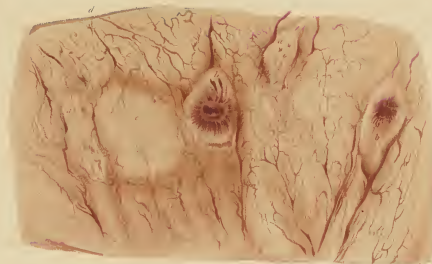
Fig. 1.



Fig. 2.



Fig. 3.



Drawn by F.R. Say.



Engraved by W. Say.

J. Mortimer Sculp.

London: Published Jan 2. 1847 by Longman, Rees, Orme & Brown.

## PLATE XV.

### ULCERS OF THE INTESTINES IN FEVER, IN THE PROGRESS OF CURE.

FIG. 1. A portion of the ilium (Case LXXVIII.), as found after a protracted convalescence from fever. In this view the intestine is seen externally, *g* and *h* representing two purple spots on the peritoneum, corresponding with two ulcers within. The peritoneum in these parts was not disorganized, but retained its natural polish and firmness. A mesenteric gland is seen at *i*, quite soft, and contained pus which, judging from the flaccid state of the gland, was undergoing the process of absorption.

FIG. 2. The same portion of the ilium seen internally. The mucous membrane was vascular, but is become more red by exposure to the air. The ulcer *l*, corresponds with *g*, and the ulcer *k*, with *h*, in FIG. 1. A bristle is passed under a portion of the mucous membrane at *l*, which was quite detached by the process of ulceration.

FIG. 3. Another portion of the same intestine suspended against the light to be seen transparently; and the drawing was made in that situation by the aid of a common lens, which seemed to magnify the parts about twice their natural size.

*a*, *a*, *b*, *b*, and *c*, represent portions of the intestine denuded of the mucous membrane by the ulceration which had previously taken place. In the two spaces marked *a*, *a*, six or seven small irregular points of granulation are seen, taking somewhat the direction of the muscular fibres. In *b*, *b*, numerous granulations might be seen plainly with the naked eye, converging to a point, and forming a considerable mass of new growth, while at *c* there was no granulation to be perceived; but considerable branches of vessels passed from the surrounding mucous membrane over the surface; and in this, as in the other cases, the mucous membrane on the sides was lost imperceptibly as it came to the edges of the denuded portion.

FIG. 4. Another view of the ulcer *l*, (FIG. 2,) seen transparently through a rather more powerful lens than the last; the bristle still remains under the shred of mucous membrane which is detached, but retains its vascularity, and seems to have interfered with the process of granulation going on in the surface beneath.





